

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2								
3		1						
4		1						
5		1						
6		1						
7		1						
8		1						
9		1						
10		1						
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36		1						
37		1						
38		1						
39		1						
40		1						
41		1						
42		1						
43		1						
44		1						
45		2						
46	1							
47		1						
48		1						
49		1						
50		1						
TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								
51	1							
52	1							
53		2						
54		2						
55	1							
56		1						
57		1						
58		3						
59	1							
60	1							
61		1						
62		1						
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94								
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96								
97								
98								
99								
100								
TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←			
TOTAL CLAIMS								